

CHARTIS-ADP33 JUN 04 2013

A&amp;H

**STATE OF TENNESSEE**  
**Department of Commerce and Insurance**  
**500 James Robertson Parkway**  
**Nashville, TN 37243-1131**  
**PH - 615.532.5260, FX - 615.532.2788**  
**Jerald.E.Gilbert@tn.gov**

May 24, 2013

Chartis Claim Services, Inc.  
P O Box 2970  
Alpharetta, GA 30023  
NAIC # 3359

Certified Mail  
Return Receipt Requested  
7012 1010 0002 9225 2635  
Cashier # 9201

Re: Regina Taylor, Et Al V. Chartis Claim Services, Inc.

Docket # CC-11463

To Whom It May Concern:

Pursuant to Tennessee Code Annotated § 56-2-504 or § 56-2-506, the Department of Commerce and Insurance was served May 23, 2013, on your behalf in connection with the above-styled proceeding. Documentation relating to the subject is herein enclosed.

Jerald E. Gilbert  
Designated Agent  
Service of Process

Enclosures

cc: Circuit Court Clerk  
Giles County  
P O Box 678  
Pulaski, Tn 38478



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STATE OF TENNESSEE  
22ND JUDICIAL DISTRICT  
CIRCUIT COURT

# SUMMONS

STATE OF TENNESSEE  
GILES COUNTY CIRCUIT COURT

FILE NO. CC-114636

REGINA TAYLOR, Individually and as

Administratrix of the Estate of Larry S. Taylor

Plaintiff

VS.

AMERICAN INTERNATIONAL GROUP, INC. (AIG) d/b/a

CHARTIS INSURANCE, P.O. Box 25987, Shawnee Mission, KS 66225-5987

SERVE: Commissioner of Insurance

500 James Robertson Parkway, 4th Floor

Nashville, TN 37243-1131

Defendant

To the above named Defendant: American International Group, Inc. (AIG), d/b/a  
Chartis Insurance

You are summonsed to appear and defend a civil action filed against you in Circuit Court, Giles County, Tennessee, and your defense must be made within thirty (30) days from the date this summons is served upon you. You are further directed to file your defense with the Clerk of the Court and send a copy to the Plaintiff's attorney at the address listed below.

In case of your failure to defend this action by the above date, judgement by default will be rendered against you for the relief demanded in the complaint.

**CRYSTAL G. GREENE**

ISSUED: April 23, 2013.

Circuit Court Clerk  
Giles County, Tennessee

BY

Joseph B. Brink  
Deputy Clerk

ATTORNEY FOR PLAINTIFF Ben Boston

or

P.O. Box 357

Address

PLAINTIFF'S ADDRESS Lawrenceburg, TN 38464

## TO THE SHERIFF:

Please execute this summons and make your return hereon as provided by law.

I, CRYSTAL G. GREENE, CIRCUIT COURT CLERK, do hereby certify that this is a true and correct copy of the original of this instrument filed in this cause.

**CRYSTAL G. GREENE**

Joseph B. Brink  
Circuit Court Clerk

Received this summons for service this 23rd day of April, 2013

By: Joseph B. Brink

SHERIFF

## **RETURN ON PERSONAL SERVICE OF SUMMONS**

I hereby certify and return on the \_\_\_\_\_ day of \_\_\_\_\_, I:  
☐ served this summons and complaint/petition on \_\_\_\_\_ in the following manner:  
☐ failed to serve this summons within 30 days after its issuance because: \_\_\_\_\_

\_\_\_\_\_  
Sheriff/Process Server

## **RETURN ON SERVICE OF SUMMONS BY MAIL**

I hereby certify and return on the \_\_\_\_\_ day of \_\_\_\_\_, I sent, postage prepaid, by registered receipt mail or certified return receipt mail, a certified copy of the summons and a copy of the complaint in Case No. \_\_\_\_\_ to the defendant, \_\_\_\_\_. On the \_\_\_\_\_ day of \_\_\_\_\_, I received the return receipt for said registered or certified mail, which had been signed by \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_. Said return receipt is attached to this original summons and both documents are being sent herewith to the Circuit Court Clerk for filing.

**SWORN TO AND SUBSCRIBED BEFORE ME**  
**ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,**

\_\_\_\_\_  
PLAINTIFF/PLAINTIFF'S ATTORNEY  
OR OTHER PERSON AUTHORIZED  
BY STATUTE TO SERVE PROCESS

\_\_\_\_\_  
NOTARY PUBLIC or \_\_\_\_\_ DEPUTY CLERK  
MY COMMISSION EXPIRES: \_\_\_\_\_

### **NOTICE**

#### **TO THE DEFENDANT(S):**

Tennessee law provides a four thousand dollar (\$4,000.00) Debtor's equity interest personal property exemption from execution or seizure to satisfy a judgement. If a judgement should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the clerk of the court. The list may be filed at any time and may be changed by you thereafter as necessary; however, unless it is filed before the judgement becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed; these include items of necessary wearing apparel (clothing) for yourself and your family and trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible, and school books. Should any of these items be seized you would the right to recover them. If you do not understand your exemption right or how to exercise it, you may wish to seek the counsel or a lawyer.

**ATTACH  
RETURN  
RECEIPT  
HERE  
(IF APPLICABLE)**

STATE OF TENNESSEE

COUNTY OF GILES

I, Crystal G. Greene, Clerk of the Circuit Court in the State and County aforesaid, do hereby certify this to be a true and correct copy of the original summons issued in this case.

(To be completed only if  
copy certification required)

**CRYSTAL G. GREENE,  
CLERK**

By: \_\_\_\_\_ D.C.

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IN THE CIRCUIT COURT FOR GILES COUNTY, TENNESSEE  
AT PULASKI

REGINA TAYLOR, Individually  
and as Administratrix of the Estate  
of Larry S. Taylor

PLAINTIFF

VS

CIVIL ACTION NO. CC-11463

AMERICAN INTERNATIONAL GROUP,  
INC. (AIG)  
180 Maiden Lane  
New York, NY 10038, individually

and/or .

d/b/a CHARTIS INSURANCE  
P. O. Box 25987  
Shawnee Mission, KS 66225-5987  
and  
175 Water Street  
New York, NY 10038

SERVE:  
Tennessee Commissioner of Insurance  
500 James Robertson Parkway, 4<sup>th</sup> Floor  
Nashville, TN 37243-1131

DEFENDANTS

FILED  
2013 APR 23 AM 11:59  
CRYSTAL G. GREENE  
CIRCUIT COURT CLERK  
GILES COUNTY, TN

COMPLAINT

MAY IT PLEASE THIS HONORABLE COURT, the plaintiff states as follows:

I.

On November 24, 2009, Larry S. Taylor, was employed by Johnson Controls, Inc. at its Pulaski, Giles County, Tennessee, facility and was performing his regular job duties when he suffered a crushing injury and was accidentally killed.

STATE OF TENNESSEE,  
GILES COUNTY,  
I, CRYSTAL G. GREENE, CIRCUIT COURT CLERK, do  
hereby certify that this is a true and correct  
copy of the original of this instrument filed  
in this cause.  
This 23<sup>rd</sup> day of April, 20 13  
CRYSTAL G. GREENE, CLERK  
By: Quinn B. Bunt dep. Clerk

II.

At the time of his death, Larry S. Taylor, was married to plaintiff, Regina Taylor. They were married May 10, 2003.

III.

Plaintiff, Regina Taylor, has two children, Justin Wayne Moore, whose date of birth is 8/8/92, and who reached the age of 18 on August 8, 2010; and Jade Wynetta Moore, whose date of birth is 9/21/96, and who will reach the age of 18 on September 21, 2014.

IV.

Plaintiff, Regina Taylor, and her two children, Justin and Jade, lived with and were dependents of Larry S. Taylor at the time of his death.

V.

At the time of Larry S. Taylor's death, he had no other biological, natural and/or adopted children or other dependents.

VI.

Larry S. Taylor, Regina Taylor, Justin and Jade, resided at 1299 Charlie Davis Road, Prospect, Giles County, TN, at the time of Larry's death.

VII.

At the time of Larry S. Taylor's death, he was enrolled in an employment welfare plan at Johnson Controls, Inc., Group Number 1126080, Policy Number PAI 0089063942. This plan provided Larry S. Taylor with employee and dependent accidental death and disfigurement insurance in the amount of Three Hundred Thousand (\$300,000.00) Dollars. Attached hereto as Exhibit #1 and incorporated herein as if fully set out is the Johnson Controls' Welfare Plan Conversion Notice evidencing same.

## VIII.

AIG Life Insurance Company, www.metlife.com/Metropolitan Life Insurance Company and Chartis Insurance Company are all somewhat intertwined and/or related in some sort of business relationship with each other and/or with Larry S. Taylor's employer, Johnson Controls, Inc. See Exhibit #2 attached hereto and incorporated herein by reference.

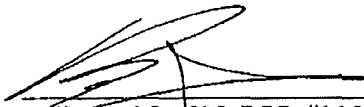
## IX.

Plaintiff, Regina Taylor, has timely filed a properly completed proof of claim form with the proper representative of defendant, requesting it pay the \$300,000.00 accidental death and disfigurement life insurance proceeds, plus interest, to her as the surviving spouse of Larry S. Taylor.

WHEREFORE, PREMISED CONSIDERED, PLAINTIFF PRAYS:

1. That the defendant pay into this Court or pay to Regina Taylor, either individually or as administratrix of the estate of Larry S. Taylor, the \$300,000.00 insurance proceeds set forth above, plus interest.
  2. For such other, further and general relief as this Court deems proper including
- 
- court costs, discretionary costs and attorney fees.

Respectfully submitted,



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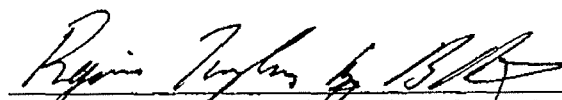
BEN BOSTON, BPR #11800  
CHARLES W. HOLT, JR, BPR #05338  
RYAN DURHAM, BPR #22073  
ATTORNEYS FOR PLAINTIFF  
BOSTON, HOLT, SOCKWELL & DURHAM, PLLC  
235 WATERLOO STREET, P. O. BOX 357  
LAWRENCEBURG, TN 38464

COST BOND

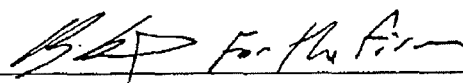
We acknowledge ourselves principal and sureties for all costs and taxes in this case in accordance with

T.C.A. §20-12-120.

This 23 day of April, 2013.

  
REGINA TAYLOR, individually and as Administratrix  
of the Estate of Larry S. Taylor, Principal

BOSTON, HOLT, SOCKWELL & DURHAM, PLLC

By:   
Surety



## Welfare Plan Conversion Notice

Statement Date 11-29-2009



V000034

LARRY S. TAYLOR  
1299 CHARLIE DAVIS RD  
PROSPECT TN 38477

This notice provides the necessary plan information you'll need if you want to convert your benefit coverage to a personal policy directly with the insurance company. Generally, you must apply for conversion within 31 days of when your coverage was reduced or terminated. Contact the insurance company directly for more information on your conversion option and corresponding cost.

### Information for the Insurance Company

#### Employee Information

Name: LARRY S. TAYLOR  
Birth Date: 05-24-1969

#### Employer Information

Johnson Controls  
100 Half Day Rd  
P.O. Box 1469  
Lincolnshire, IL 60069-1469  
1-866-496-1999

### Employee and Dependent AD&D

Group Number	1126080
Insurance Company	American Int'l Companies AD&D
Telephone Number	866-492-6983
Web site	www.metlife.com
Option	6-\$300,000
Coverage Category	2--You + Family
Earliest Coverage Begin Date	01-01-2007
Coverage End Date	11-24-2009

delivered by **Hewitt**

134400040 01141-V000034





If you need more information or want to obtain application forms, please visit the insurance company's Web site or call the phone number above. If you decide to complete an application, you must include a copy of this Conversion/Portability Notice with your completed application. This form will serve as the employer portion of the application.

Chartis  
A&H Claims Department  
P. O. Box 25987  
Shawnee Mission, KS 66225-5987  
800.551.0824

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On behalf of: AIG Life Insurance Company

July 19, 2010

Mr. Ben Boston, Attorney  
Boston, Holt, Sockwell and Durham, PLLC  
P.O. Box 357  
Lawrenceburg, TN 38464-0357

RE: Insured: Larry S. Taylor  
Policyholder: Johnson Controls, Inc.  
Policy Number: PAI 0089063942  
Claim Number: 061-023258

Metropolitan Life Insurance Company  
Life Services  
P.O. Box 14401  
Lexington, KY 40512  
1-866-492-6983  
TDD 1-800-984-8652

Johnson Controls Inc.

November 30, 2009

The Family Of Larry Taylor  
1299 Charlie Davis Rd  
Prospect, TN 38477

RE: No Beneficiary on File

Dear The Family Of Larry Taylor:

Johnson  
Controls



Welfare Plan  
Conversion Notice

Statement Date 11-29-2009

Employee and Dependent AD&D

Group Number	1126080
Insurance Company	American Int'l Companies AD&D
Telephone Number	866-492-6983
Web site	www.metlife.com
Option	6--\$300,000
Coverage Category	2--You + Family
Earliest Coverage Begin Date	01-01-2007

EX 2 (6 pages)

**Chartis****A&H Claims Department**

P. O. Box 25987

Shawnee Mission, KS 66225-5987

800.551.0824

**CHARTIS** 

On behalf of: AIG Life Insurance Company

July 19, 2010

Mr. Ben Boston, Attorney  
Boston, Holt, Sockwell and Durham, PLLC  
P.O. Box 357  
Lawrenceburg, TN 38464-0357

RE: Insured: Larry S. Taylor  
Policyholder: Johnson Controls, Inc.  
Policy Number: PAI 0089063942  
Claim Number: 061-023258

Dear Mr. Boston:

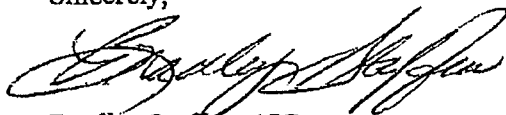
This letter acknowledges receipt of a claim for accidental death benefits in the accidental death of Larry S. Taylor. Our condolences are extended to you his family.

I have been assigned the evaluation and handling of this claim. I will review the information in the immediate future and will let you know whether we have sufficient documentation to render a claim determination or whether additional documentation is needed.

In the meantime if you have any questions you are welcome to call me at 1/913/495-3127.

This letter is without prejudice to, and not a waiver of the Company's rights and defenses, all of which are specifically reserved.

Sincerely,



Bradley Steffen, AIC  
Examiner

**Metropolitan Life Insurance Company**  
**Life Services**  
**P.O. Box 14401**  
**Lexington, KY 40512**  
**1-866-492-6983**  
**TDD 1-800-984-8652**

**Johnson Controls Inc.**

November 30, 2009

The Family Of Larry Taylor  
1299 Charlie Davis Rd  
Prospect, TN 38477

RE: No Beneficiary on File

Dear The Family Of Larry Taylor:

We wish to extend our condolences to you for the loss of Larry Taylor.

Since there was no beneficiary of record, the proceeds are payable in accordance with the beneficiary provision of the group contract. This provision requires payment to be issued upon approval of these benefits to the first of the following: spouse, child(ren), parent(s), siblings, and finally the estate of Larry Taylor.

According to our records, the anticipated claim amount is \$46,500.00. However, the final payment amount will be determined following review of a completed death claim form by our claim office, and may vary from the figure shown.

To help you, we have established the MetLife Survivor Assistance Program...Delivering the Promise (DTP), which provides personal assistance and dedicated services to beneficiaries. A specially-trained DTP Specialist will contact you shortly to answer questions and offer assistance. The enclosed brochure fully describes the program and details the concerns your DTP Specialist can help you address, including claim filing with MetLife and other insurance companies. However, if you wish to file a claim directly, please follow the instructions below.

To file a claim for these proceeds, please include a completed and notarized affidavit for claim consideration form. The Social Security Numbers of each person listed on the affidavit should be included. Also, please have the person or persons whose names appear first in the line of succession of the affidavit complete the enclosed claimant's statement and return it in the enclosed envelope along with the certified death certificate that shows a cause/manner of death for Larry Taylor. Upon receipt of the form(s), the claim will be reviewed within ten business days for payment.

A determination on the payment of the benefits cannot be made until all of the information necessary to review the claim has been received.

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## Welfare Plan Conversion Notice

Statement Date 11-29-2009



V000034  
LARRY S. TAYLOR  
1299 CHARLIE DAVIS RD  
PROSPECT TN 38477

This notice provides the necessary plan information you'll need if you want to convert your benefit coverage to a personal policy directly with the insurance company. Generally, you must apply for conversion within 31 days of when your coverage was reduced or terminated. Contact the insurance company directly for more information on your conversion option and corresponding cost.

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### For More Information

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If you need more information or want to obtain application forms, please visit the insurance company's Web site or call the phone number above. If you decide to complete an application, you must include a copy of this Conversion/Portability Notice with your completed application. This form will serve as the employer portion of the application.

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